

EXHIBIT 49

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CC: Kathy Leonard; Chad Madill; Aaron Wolff; Bart Bamberg; John Lee; Leigh Anne Jacobson; Lindsay Burckhalter; Mike Chavez; Casey Copen; Deidre Bland; Jessica Ireland; Nick Battyanyi; Shayla Williams

Sent: 4/7/2021 12:23:13 PM

Subject: Pharmacy Advocacy Meeting Notes / AVS Reminder

Importance: High

Attachments: Pharmacy Advocacy Mtg 03.2021.pdf

Good afternoon team,

I hope everyone is having a great week so far! Last week, the Pharmacy Advocacy Team Meeting took place where representatives from each division met to discuss feedback provided by the advocates. As a reminder, the Pharmacy Advocacy Team was established in 2020 to better facilitate feedback and pain points directly from the store level to corporate leadership. During last week's meeting, the Pharmacy Operations leadership team

One goal from the advocacy team is that the feedback and information shared during the meeting be communicated to all pharmacies. The attached PDF contains most of the questions/suggestions that were submitted along with a response for each. The document contains a lot of information, but the goal is to ensure all pharmacy associates can have a resource which details the topics covered during the meeting. If you have any questions on the information provided, please let me or your Supervisor know and we will follow up with additional information/clarification as needed.

I would also like to take a moment to recognize our Atlanta Division Advocates for 2021, Jen Bass (Pharmacy Manager at 282) and Patrick Cashman (Pharmacy Manager at 165)! Jen and Patrick were selected by their Supervisors and myself to represent our division and bring forward questions and feedback from all of you. We encourage every associate to share their feedback so we can continue to focus our efforts on the highest priority items.

On that same note, one of the great things about Publix is that we have opportunities to voice our opinion regarding our company, our manager, and our department. For over 20 years, the Associate Voice Survey (AVS) has been one of the more formal ways that Publix collects the insights and opinions of its associates. Publix is where it is today because of YOU, the associate. Your voice is an integral part of our Open Door Policy and Publix culture. We want to hear from you!

All associates with at least 90 days of service with Publix should have received a PASSport message this past Monday with a link to take the AVS online. The survey will be located and hosted on an approved external website. The PASSport message will also contain your single-use ID and password. The ID and password are used to ensure that responses are assigned to the correct-sub-department. As always, your ID and password will not be linked to your individual survey response or any information that can identify you personally. AVS is and always will be anonymous.

AVS is successful only when everyone participates. Please share this message with your entire team to ensure 100% participation. The AVS began this past Monday, 4/5, and ends on Friday, 4/16. I encourage you to take advantage of this opportunity to improve and perpetuate the Publix culture by sharing your thoughts.

Thank you for everything you have done and will do to continue to make Publix a place where working is a pleasure!



Pharmacy Advocacy Mtg 03.2021.pdf

Thank you,

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Pharmacy Advocacy Meeting

Tuesday, March 30, 2021
9:00 AM-1:00PM

Publix commercial for first million shots: <https://www.youtube.com/watch?v=uKifwMvZbtM>

Covid - (Katie Petti Sr. Director of Pharmacy Administration)

Digital reservation system: site is "manned" for the enrollments, which is a team of IS associates facilitating behind the scenes. Our goal is to give the customers a smooth experience without the site crashing, which we have been able to provide.

Functionality to input all types of insurance information, not just Medicare

We're looking at options, but we also don't want to lengthen or add confusion to the sign-up process, nor introduce a subpar experience to the customer. The CDC has also asked pharmacies to not collect commercial insurance during the sign up process in order to avoid discouraging someone who may lack coverage.

Allow ability to cancel an appointment and prevent an individual from making multiple appointments.

Removing any verbiage (online, telephone, DRS) that tells patients not to call stores to cancel their appts. Stores WANT patients to call. We can better prepare and avoid wasted doses or lost productivity scrambling to find patients to administer to at end of day

We have now re-recorded the automated phone message directing customers who wish to cancel to press zero. For all other COVID questions, customers will be directed to press 5. (Where they are redirected to the customer care teams). Pressing zero will transfer the call to the pharmacy where the appointment can be cancelled.

Allow scheduling of all vaccinations online

Online scheduling is the vision of the reservation system in the future. The goal is to have a drop-down menu with all pharmacy offered programs. IS will continue working on the system to require less manual intervention on their part when the site is in use.

Offer hourly incentive to Immunizing Technicians – Kathy Leonard Director of Retail Pharmacy Operations

Immunization packages have gone out with the bonus incentive based on milestones and active immunizing. We did not make it an hourly rate change because if the emergency order changes, we don't want to take away money from associates. We will later reevaluate if the bonus needs to be extended.

We need a better handle on number of injections PER DAY that can be safely given while still being able to efficiently/accurately fill prescriptions and manage pharmacy without neglecting important processes. Patients will understand temporarily but they won't continue to tolerate (we want to gain these new patients thru amazing COVID service yet still retain our loyal customer base) Slower vs. medium vs high volume stores.

Since we first started providing vaccines on January 7th, Publix has shown we are the strongest partner in the state. We're getting to a steady state of immunizing where the supply is getting closer to meeting the overall demand in our footprint. The addition of the immunizing technicians should help stores achieve a more consistent and even workflow.

Help communicating to stores about the Lot # change in FLSHOTS. Some stores are spending large amounts of time correcting lot # discrepancies if it was originally entered incorrectly at product dispensing.

The lot numbers are how the CDC tracks the vials. We must input the numbers each night. The quantity won't be deducted on reporting until the lot numbers are matched and accurate to show the correct balance on hand to the CDC.

There was also a concern about not being able to help elderly/regular patients who have more trouble accessing appointments

The cancellation openings are allowing stores to add these types of exceptions into their daily total. In the future, there will be access to the digital reservation system for the pharmacy to go in and make an appointment for the customers who cannot.

Many pharmacists asked if there was a way to pre-verify if the patient wants the *Right Arm* (During the Scheduling) to avoid potential re-processing.

CDC requires us to report an injection site and to help pre-process at central processing we chose the left arm. The only place we can capture that information, and have it directly transmitted to the CDC, is with the sig code. McKesson is currently working on COVID updates to capture the injection site without needing to use the sig code field.

If a patient indicates their appointment is for a second vaccine, they should have a place to add the date/manufacture of the first dose.

We're trying to clearly identify online which manufacturer the customer is signing up for. We want it to be a streamlined sign-up process online without overwhelming the customers with questions to answer and still make it clear which vaccines we're offering.

A slot or checkbox where the patient can indicate which eligibility requirement they meet (age group, underlying condition, teacher, etc).

The self-attestation process that customers complete online allows pharmacies to avoid having to re-check any information at store level.

A suggestion to have our daily vaccine appointments be approximately half first doses and half second doses to ease the daily workflow for processing the shots (since "refill" shots take significantly less time).

The current cadence is based on the supply Publix needs to use and the current demand from the public. These numbers will continue to change as we move forward due to changes in supply and demand.

Question on how to prevent burn out among the pharmacy teams. Since we started offering appointments in all our pharmacies in FL, Central Processing Tech help seems less efficient. There has been a drop off in associates helping each other in extended view (they are all trying to focus on their own workload). It would help to have some more centralized pharmacists performing PV1. One possible solution here is to allow PM/APM (those that express an interest) to help with PV1 from home, like how some techs are working DE. (even if only temporarily).

We are expanding the data entry team and we have added additional pharmacists to keep the ratio in Florida. Georgia central processing went live 3/29/21!

As for physically getting the bags ready after the techs have completed the dispensing process - it would help to allow the lead tech to perform the final verification to get the patient receipt, so they can just place it inside the bag. The immunizer will review the consent form just prior to administering the vaccine anyway. Alternatively, since customer is getting the CDC card and the Fact Sheet, we could easily skip printing the patient receipt.

We are looking at a way to suppress PRE all together, which should be completed soon. Stay tuned for information soon regarding this potential change.

Most people in VA are coming from other states, do we give them the shot anyway? (John)

Yes, shots in arms is the thought process, and customers are attesting that they're from Virginia. Publix feels the pharmacists shouldn't have the burden of enforcing after attestation.

HRSA plan questions

HRSA needs to be reserved for those truly without any other insurance. After claims are billed to HRSA, another eligibility check is performed. If coverage is identified for the customer, the claim is rejected and returned to Publix. We should educate customers/consumers on the requirement for insurance use. Even though there is no out of pocket cost, the government is requiring insurance information be submitted. Teams should avoid using HRSA automatically and make sure to conduct a thorough eligibility check.

Technology

Include functionality in the Rx App to cancel prescriptions that are in ready status and/or remove prescriptions from SYNC/ERP that are no longer active. (Kathy)

Not allowing the customer to cancel is a way to allow for us to manage patient care and have a conversation. Although having the ability to cancel sounds efficient, Publix feels a discussion with the pharmacist would enable overall better care.

Eliminate "You are due for a refill" text. This specific text confuses many customers. Suggested that only certain medications qualify for this text, excluding controls due to strict fill dates. (Dain)

This is a commonly asked question; we've changed the message 3 times based off feedback. Although some customers are confused with the text, 95% of people are utilizing this service. It has generated a significant number of refills (220,00 refills per month) where customers are not calling the pharmacies. We can also use it as a teachable moment with team and customers. "Can you show me the text, we have so many I'm not sure which one you received."

Allow push text notifications to customers for items contributing to RX process delay such as FOA, PA, and Contact MD - coming with PCS, clinical platform. (Kathy)

We're looking at a new clinical platform which will enable us to communicate more effectively with the customer and maximize the pharmacy's time.

When patients utilize the pre-pay option it would be nice to automate a statement that it will take 10-15 minutes to process and be available. Specific store numbers were provided to the technology team for review but they were unable to replicate a significant delay.

- 1) We are going to revisit the message that the customer sees when prepaying.
- 2) Delay in logging into the Paid Orders Queue: The direction has been given to pharmacies to login first thing when they boot up the workstation in the morning. This will allow for the screen to be loaded and ready to go.

On the Inventory adjustment screen a text box for "reason for adjustment" would be very helpful. That way it populates on the Control Substance Manual Inventory Adjustment weekly report. (Kathy)

We cannot have an open text box due to reporting. If you don't find a sufficient code listed within the drop-down menu, we can add additional reason codes as needed.

Request to integrate PDMP into ERx. If not, is there a way speed login process without manually entering email and pw about 30 times per day? Inquiry about techs using the PDMP to save RPh some time. (Scott)

During mid to late summer, McKesson is looking at releasing a feature to add this. PDMP is not a Publix driven website so functionality isn't something we can directly control.

Can we have access to pharmacy email from a personal device? (Kathy)

This is not feasible currently. If the reason we want this is for convenience, we understand it gives the user ease of access. Publix feels that maintaining a positive work/life balance is important and allowing email access on days off would not support this goal.

Publix email: all aspects of using email from a pharmacy workstation is slow, from opening the email, to downloading a file to viewing attachments. There was also feedback as part of this question relating to Enterprise Rx running slow during certain parts of the day. (Dain/Scott)

The IS department has been unable to consistently re-create the slowness complaint after the fact. When this issue occurs, teams should call in a ticket so the exact time and date can be documented. This information from the store will allow a more thorough investigation of the root cause. Some speed issues may have been eliminated with the new edge browser update. We're working on migrating to everything opening in edge vs internet explorer. Outcomes will now open in edge and auto log you in to the system.

Phone tree alternative: can we look at alternate ways for supervisor to efficiently communicate important/urgent action items - can we use an app to create a list for pharmacists in each district? For use by the supervisor to send important communication (except the lock box code changes). It would have to be a group chat where only group admins can send messages. (Kathy)

We are open to exploring options on this question. Suggestions and feedback are welcome.

Multitasking: Is there a way to allow stores to have two Enterprise windows open to increase efficiency? If we are in the middle of data entering a compound or a long sig and someone walks up or calls this functionality would allow us to quickly help the patient that needs a refill or has a question without losing our progress or making that patient have to wait for us to complete the task. (Scott)

When Publix upgraded to Windows 10, we lost the functionality of using multiple windows. It's currently on the list for I/S to investigate and correct the issue.

When a patient has 2 phone numbers in the system (primary vs preferred), the primary phone number prints on the Release to Patient barcode sticker. Can that be changed to the preferred phone number (which is often the number set up for text messaging). During RTP we keep verifying phone numbers and having to check patient demographic page. (Kathy/Scott)

We should be verifying the address and not the phone number at release to patient. For situations where the phone number needs to be verified after the address, the technology team will review this suggestion.

Have Patient Preferred Name also on the bottle. (Scott)

The ability to print preferred name exists at store level but not at central fill. When the function was released, we chose to be consistent and didn't implement the feature. We will review this question for further consideration.

Would it be possible to integrate FLSHOTS and EFORSCE into SSO (single sign-on), or even better, directly into EnterpriseRx? The amount of time to log into these sites repeatedly each day affects productivity. (Katie)

The clinical platform solution we're working towards includes immunization registries. We currently have no timeline on this project.

Can we find an easier way to send something to the Central Fill queue, rather than having to decline RX back and push back through Data and Pre-Verification? (Kathy)

Often, the criteria for Central Fill use is not met, and the reject is valid, ex: PDT not set out far enough, not in stock, patient checked prefer to fill in home store fill. Teams should also ensure the "patient prefers home pharmacy fills only" or "patient does not allow central fill processing" boxes are not checked.

Floater Tech Pool/District Technician Recruiter (Dain)

We are committed to continuing the work on establishing a floater tech solution. One challenge is that creating a pool would make technicians have to use the same process as pharmacists for time off requests. Admins would then have to approve and decline time instead of the pharmacists. This approach is not sustainable with the number of technicians that are currently in each territory. We are looking at the possibility of having floating trainer techs. These technicians could visit stores to train new associates or assist with absences if there are no new hires in the territory. This approach is still under consideration and no final decisions have been made at this time.

Provider Science – consolidate vacation requests to one tool (frustrated with Oasis and PS) - Better shifts/Provider Science: This process for the upcoming year was a struggle for most pharmacists. For the first round the latter half of the year was completely blacked out as unavailable, and then there were not enough available days to pick from to allow every pharmacist to pick dates. Also, for many the hour window occurred on days that we were scheduled to work and during busy times. Possible solutions: do not black out weeks from the start. Allow us to see availability in real time prior to the hour window. As this will give those who need to make changes adequate time to do so, and contact needed parties. (Kathy)

We have found that some associates didn't read the memo on how to enroll correctly. In order to properly manage the business, we must ensure coverage is in place to keep the pharmacies open at all times. The operations team will discuss how to make this process more efficient and build on this year. We look to have more communication and efficiency for 2022 enrollment.

ABC - ABC is requiring an email to send return authorizations to (they will no longer fax) for special circumstances. Is there the ability to allow pharmacy email to receive outside email from limited sources? (Kathy)

Procurement is working on a way to streamline this process.

Maternity/Paternity Leave – Maternity/Paternity Leave: we would like to suggest the implementation of an elective short term disability that employees can add during open enrollment where we pay monthly to allow for adequate paid time off without having to utilize all of our vacation time off for maternity leave that is not really a vacation. (Dain)

Publix is currently reviewing the benefits package for the entire company. Any potential change would be implemented for the entire company and not just pharmacy.

CBT - Pharmacists would like the ability to complete CBTs at the verification computer. This would help us prevent from having to go into a nearby pharmacy on days off to complete CBTs. (Kathy)

Computers within the pharmacy were not built with the functionality to complete training. They don't have the required hardware needed such as sound cards. We recognize the need and are looking into possible options.

NPLEX - This has been brought up previously, but the ability to scan driver's licenses for the NPLEX system would greatly facilitate the process of selling PSE products. (Kathy)

We're looking at improving this process and recognize the need. The project to work on a solution was delayed due to Covid.

Inventory - Better transparency of Central Fill charges and credits: Transparency of fees/charges for using CF and how that affects our annual inventory numbers/worksheet %. Managing inventory is getting harder than ever (no more CF returns, ABC limiting returns as unsaleable, CF requiring us to keep mis-ships, and Inventory Redistribution shipping quantities larger than history/usage). Better training/guidance on which item's order points are corporately controlled and how/when a store can override that. (Katie)

Publix is currently working on an inventory improvement project to streamline this process and provide clarity. If you have central Fill questions on big ticket items, please email the central fill inbox and they will conduct a further investigation.

Corporate Lead on Opiate Guidance - Educate and re-educate on Corresponding Duty, Proper filling standards on controlled substances, how to professionally communicate refusals to fill, proper documentation in EnterpriseRx, uniform refill policy of controlled substances, mandatory Narcan counseling, acceptance of coupons and/or GoodRx, updated R&P guide with more concrete policy. (Dain)

Our approach will continue to be for the pharmacist to make clinical judgements based on the most recent guidelines and recommendations. There won't be corporate direction telling pharmacists exactly what to say in each case. Corporate can help clarify guidelines to assist stores ex: reducing coupon cards pricing on opioids. A task force including select PMs has been formed and will be meeting 5/5.

CP techs/pharmacists - Can stores be given detailed/specific information as to what is expected from CP technicians and CP pharmacists on a regular daily basis so that the in-store teams can better focus their efforts/energy during peak times of the day? (Katie) The primary focus of the central processing tech team is to complete data entry. They feel this is the area where they can most benefit the stores. There will be times where this team pivots to other needs such as the pilot stores for Covid shots back in the beginning of January. In this case, they offered support in Inbound and other queues as we rolled out the new program. Additional technicians and pharmacists will be added to this team soon to better support Florida stores.